

Central Service Area

Ongoing Safety Assessment 1st Round - Safety Model QA Review



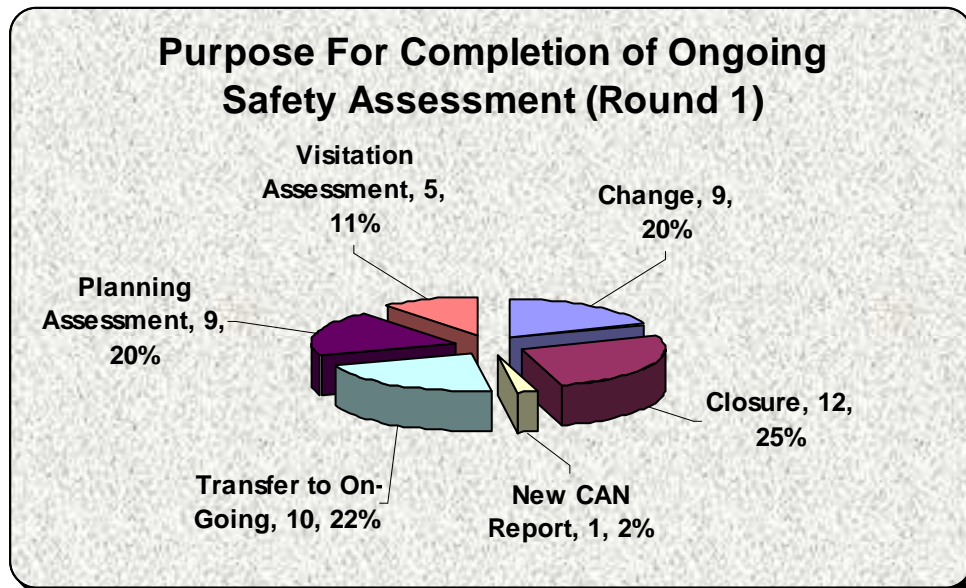
**Nebraska Department of Health and Human Services
Quality Assurance**

June 2009

Quality Assurance Team completed first round of Ongoing Safety Assessment Reviews during May 2009 and June 2009. A total of 46 finalized Ongoing Safety Assessments were selected by QA Staff from eight Children and Family Services Supervisors in the Central Service Area (CSA). The table below illustrates the number of reviewed safety assessments from each CSA Supervisor.

Children and Family Services Supervisor	Total Number of Reviewed Safety Assessments
Brenda Roetman	7
Brett Fries	3
Chris Nemetz	7
Jeff Hubl	4
Laurie Ziems	7
Stacia Henderson	5
Valerie Erickson	6
Von Alvi	7
TOTAL	46

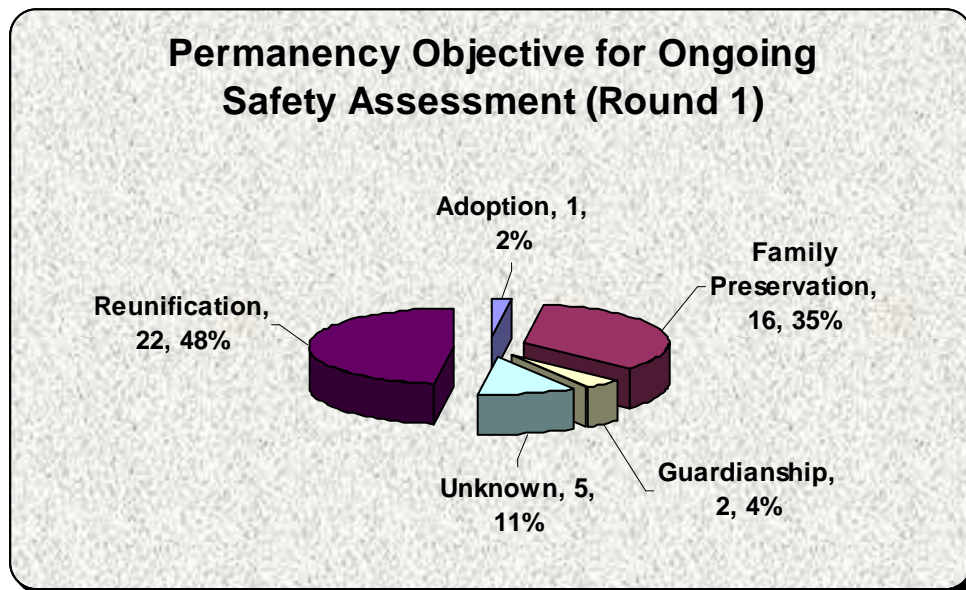
Purpose for completion of ongoing safety assessment: 46 assessments reviewed; 9 were change in cases circumstance, 12 were closure, 1 was a new CAN referral, 10 were transfer to on-going, 9 were assessments for case planning and 5 assessments for visitation.



One case had a safety assessment completed for transfer to ongoing services. It is unclear to reviewers the reason for completion of this safety assessment as the permanency objective is adoption and the father's rights were relinquished ten months prior to completion of the ongoing safety assessment.

Need to ensure that Children and Family Services Specialist selects New CAN report received instead of completing and Initial Assessment when there is already an open CFS case.

First Round Permanency for reviewed ongoing safety assessments:



As evidenced in the chart above in 5 of the 46 cases reviewers were unable to determine the permanency objective.

The following is a summary of First Round Data from ALL 46 Ongoing Safety Assessment reviews. Charts for these overall data sets can be found in the attached excel file: *CSA Ongoing Safety QA Report.CHARTS.Overall 1st Round*.

Initial Response/Contact Information (Chart 1):

Initial contact and response information was applicable in one out of all 46 assessments that were reviewed. A review of that one applicable case indicated the following:

- * The Children and Family Services Specialist made initial contact with the child victim within the required timeframe.
- * The Children and Family Services Specialist interviewed the maltreating and non maltreating caregivers listed in the intake.
- * The Children and Family Services Specialist followed interview protocol.
- * Interviews with other children or adults in the home were not applicable for that case.

Youth and Family Frequency and Quality of Contact (Chart 2 & 3):

Children and Family Services Specialists must have contact with children and families in order to accurately update and complete a safety assessment. Reviewers evaluated the typical pattern of visitation in order to determine if frequency of visits and quality of visits were sufficient to address child and family issues pertaining to safety along with permanency and well-being.

When evaluating frequency, reviewers considered Nebraska policy that requires the Children and Family Services Specialists to have an in-person, face to face contact with child (ren) and their parents at least once per month. Reviewers consider length of visit, location of visit, private contact with child (ren) and topics being addressed during the visit in order for reviewers to determine quality of visits.

For the Children and Family Services Specialists' contact with the youth and family, the review period was defined as six months prior to the end date of the current safety assessment under review or initial safety assessment to end date of updated safety assessment. In some instances, review period may have not been six months.

- **Frequency of visits between the Children and Family Services Specialist and all children –**
Sufficient visits occurred in 50% (23 out of 46) assessments.
 - Visits occurred less than once a week, but at least twice a month in 2.2% (1 out of 46) assessments.
 - Visits occurred less than twice a month, but at least once a month in 47.8% (22 out of 46) assessments.
 - Visits occurred less than once a month in 50% (23 out of 46) assessments.
- **Quality of visits between the Children and Family Services Specialist and child (ren) –**
Sufficient quality occurred in 50% (23 out of 46) assessments.
- **Frequency of visits between the Children and Family Services Specialist and mother –**
Sufficient visits occurred in 47.5% (19 out of 40) assessments. N/A was warranted for six reviewed assessments as the permanency objective was not Family Preservation or Reunification, mother was not involved in child's life in any way despite agency's efforts to involve her or mother was deceased during the period under review.
 - Visits occurred less than twice a month, but at least once a month in 47.5% (19 out of 40) assessments.
 - Visits occurred less than once a month in 52.5% (21 out of 40) assessments.
- **Quality of visits between the Children and Family Services Specialist and mother –**
Sufficient quality occurred in 67.5% (27 out of 40) assessments.
- **Frequency of visits between the Children and Family Services Specialist and father –**
Sufficient visits occurred in 21.1 % (8 out of 38) assessments. N/A was warranted for 8 reviewed assessments as the permanency objective was not Family Preservation or Reunification, father was not identified, father was not involved in child's life in any way despite agency's efforts to involve him or father was deceased.
 - Visits occurred less than twice a month, but at least once a month in 23.7% (9 out of 38) assessments.
 - Visits occurred less than once a month in 36.8% (14 out of 38) assessments.
 - No visits occurred in 39.5% (15 out of 38) assessments.
- **Quality of visits between the Children and Family Services Specialist and father –**
Sufficient quality occurred in 44.7% (17 out of 38) assessments.
- **Other adults residing in the home –** 11 out of 46 assessments indicated that other adults needed to be interviewed/assessed and incorporated into the assessment. Other adults were incorporated into the assessment in 18.1% or 2 out of 11 assessments.

Present Danger

- Present danger at the initial contact with the child victim and/or family was not identified by the Children and Family Services Specialists in any of the reviewed assessments.
- Reviewers agreed with the worker's assessment of Present Danger in all 46 cases.
- There were no cases where an Immediate Protective Action (IPA) was taken.

Domains (Chart 5):

- **Maltreatment** – Sufficient information was collected in 19.4% (7 out of 36) of the assessments.
 - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Nature** – Sufficient information was collected in 12.2% (5 out of 41) of the assessments.
 - *Reviewer Comments: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to simply document no new information related to maltreatment.*
- **Child Functioning** – Sufficient information was collected in 50% (23 out of 46) of the assessments.
 - *Reviewer Comments: If there have been no changes in the child's functioning in between assessments, please document no changes instead of cutting and pasting from previous assessment. Summarize and incorporate information gathered from ongoing contacts with child, family and providers. Include parents and/or caregivers perceptions of the child. What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development? Discuss nature of peer interactions. Worker observation of child(ren), description of overarching statements surrounding child's development or behavioral difficulties. Need to assess all children living in the home.*
- **Disciplinary Practices** – Sufficient information was collected in 30.4% (14 out of 46) of the assessments.
 - *Reviewer Comments: Need current information. Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline. Describe progress family has made regarding discipline in the home. If no changes have been made in parent discipline style document the barriers to progress. Include situation/purpose and detailed information in which the parent implements discipline for the child(ren), length of discipline, future discipline plans in assessments involving infants, children's statements of discipline in home, patterns of discipline with older children.*
- **General Parenting** – Sufficient information was collected in 34.8% (16 out of 46) of the assessments.
 - *Reviewer Comments: Incorporate current information. Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations. Describe progress family has made regarding parenting styles in the home. If no progress has been made, document the barriers to enhancing parent protective capacities. Routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parent satisfaction, parental roles, include parenting for all individuals living in the home if they take role in caring for the children, include how parents have attempted to assist or sought services for a child or children with medical, developmental, educational, behavioral and/or mental health needs.*

- **Adult Functioning** – Sufficient information was collected in 23.9% (11 out of 46) of the assessments.
 - *Reviewer Comments: Summarize information gained during ongoing contacts with the involved adults. Include worker observation of parent progress; enhancement of protective capacities. Incorporate information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc. Need to include all adults living in the home, employment history, financial assistance, community or family supports, Mental Health, Domestic Violence and Substance Abuse information. Discuss the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 5):

- 45 out of the 46 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 33.3% or 15 out the 45 assessments.
 - *Reviewer Comments: Incorporate the information gained from collaterals into the assessment that supports enhancement of parental protective capacities or discusses barriers to enhancing the diminished capacities. Collaterals include family team participants, providers working with the family, mental health professionals, etc.*

Maternal/Paternal Relatives (Chart 5):

- *In October 2008, clarification regarding the identification of relatives was provided to the CFS Administrators and the SAA's. All cases will have relatives identified regardless of the safety determination.*
- Maternal relatives were identified in 65.2% of the assessments (30 out of 46).
- Paternal relatives were identified in 56.5% of the assessments (26 out of 46).
 - *Reviewer Comments: Documentation needs to contain at a minimum first name, last name, and location (city & state). Include in documentation parents' refusal to provide extended family information during assessment. Strongly encourage workers complete the kinship narrative.*

ICWA (Chart 5):

- Information regarding ICWA was obtained in 76% of the assessments (35 out of 46).
 - *Reviewer Comments: Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example, ICWA does not apply to family or N/A. Need to include statement of how the worker learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (Charts 5 & 6):

Impending Danger at the end of the Ongoing Safety Assessment (Chart 5): The worker identified impending danger at the end of the assessment in 14 out of the 46 (30.4%) of the reviewed assessments.

- 11 out of 46 (23.9%) of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 9 out of 46 (19.6%) of the reviewed assessments contained sufficient information to support and justify decision making.
- 8 out of 46 (17.4%) of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 factors.
- Safety threats were identified in 14 of the reviewed assessments.
 - In 78.6% or 11 out of 14 instances the reviewer agreed with the worker on all of the safety factors identified “yes”.
 - Within the safety factors identified “yes”, 11 out of 14 (78.6%) contained threshold documentation for identification/justification of impending danger.
 - Cases in which reviewers did not feel the identified safety threats contained justification of impending danger:
 - ☞ In one case the reviewer indicated a need to clearly define imminent and vulnerable. Given the current justification criteria is not met and children are safe.
 - ☞ In 21.7% or 10 out of 46 assessments, the reviewer agreed with the worker on all of the safety factors identified “no”.

Safety Assessment Conclusion (Chart 6)

- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 14 out of 46 (30.4%) of the reviewed assessments. The reviewer agreed with the worker’s assessment of impending danger in 43.5% or 20 out of 46 assessments.

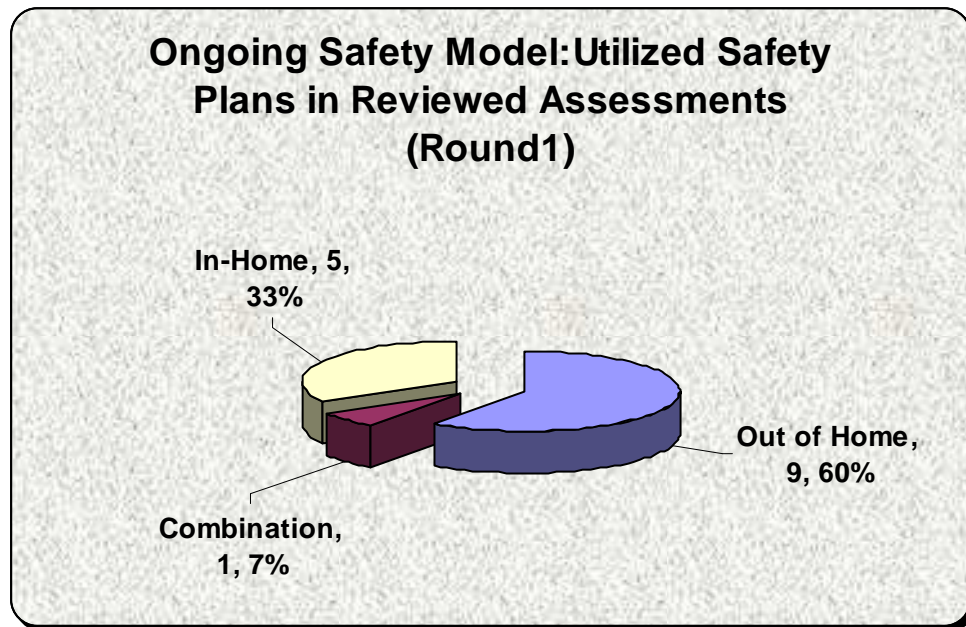
Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, Service Area Administrator notification was not necessary following review of the safety assessments.

Safety Plan (Charts 7 & 8):

- Safety Plan was completed in accordance with changes in case circumstances in 44.1% or 15 out of 34 assessments. If an assessment was completed for purposes of case closure, safety plans were not reviewed in the majority of these instances.
 - 33.3% or 5 out of 15 of the reviewed safety plans were in-home safety plans.
 - 1 out of 15 or 6.7% combination safety plan was utilized.Reviewers indicated that the specialist should have considered a combination plan with the family in 2 out of 14 or 14.3% instances.
 - ☞ In one case the reviewer stated that there was not enough information to understand parents’ caregiver role or ability to control safety threats to understand how she can control for safety while the children are placed in the

home and in the event that other person in the home should drink and become violent.

- 60% or 9 out of 15 safety plans were out of home safety plans. Reviewers indicated that the specialist should have considered an out of home safety plan with the family in 2 out of 6 or 33.3% instances.
 - ☞ In two cases the reviewer did not have enough information about parenting abilities or manifestation of safety threats in the home to support an in-home safety plan.



- 15 out of 15 (100%) safety plans contained a contingency plan. However, reviewer judged the contingency plan to be appropriate in 5 out of 15 (33.3%) of the reviewed assessments.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

- 1.) *If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.*
- 2.) *If (NAMES) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.*

For IN Home Safety Plans:

- 1.) *If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.*

2.) *If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.*

Examples of insufficient contingency plan:

- 1) *The placement unit will need to find another placement.*
- 2) *Child will be made a state ward and placed into foster care.*
- 3) *This is an out of home safety plan and there is not a need for a backup plan.*
- 4) *The assigned caseworker should be contacted.*
- 5) *Their designee will take over*
- 6) *None*

- Suitability of the safety plan participants was completed in 6 out of 15 (40%) of the assessments.
 - Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 5 out of 15 (33.3%) of the safety plans.
 - *Reviewer Comments: Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 8 out of 15 (53.3%) safety plans addressed who was going to make sure the child was protected.
- 8 out of 15 (53.3%) safety plans addressed what action is needed.
- 8 out of 15 (53.3%) safety plans addressed where the plan and action are going to take place.
- 0 out of 15 (0%) safety plans addressed when the action will be finished.
- 3 out of 15 (20%) safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 11 out 15 (73.3%) of safety plans did not contain caregiver promissory commitments. *Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 6 out of 15 (40%) safety plans involved in home services.
- 15 out of 15 (100%) safety plans contained a plan for oversight. However, reviewers determined that the oversight requirements were sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in 40% or 6 out of 15 of the reviewed safety plans.

Children and Family Services Specialist) is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the Children and Family Services Specialists, or other person designated by the Children and Family Services Specialists to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the Children and Family Services Specialists, the Children and Family Services Specialist will review the monitoring reports at least once a week.
- 12 out of 15 (80%) safety plans adjusted as threats increased or decreased.
- Overall, 0% (0 out of 15) Safety Plans were judged to be appropriate by Reviewers.

Protective Capacity Assessment (Chart 9)

- 11 out of 46 (23.9%) of the reviewed cases had a protective capacity assessment completed on the system at the time of the review.
 - Documentation within the protective capacity assessments indicated that consensus was reached between the specialist and family regarding what has changed or needs to change in 1 out of 11 or 9% of the completed assessments.
 - Specialists identified the parents' enhanced protective capacities in 100% (11 out of 11) of the completed protective capacity assessments.

Conditions for Return (Chart 9)

- Conditions of return should have been established in 36 cases. 27.8% (10 out of 36) were completed on the applicable reviewed cases.
- 90% (9 out of 10) conditions of return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

Additional Comments

- Need to have timely finalization of Safety Assessments, Safety Plans, Protective Capacity Assessments and Conditions for Return.
- Incorporate current information gathered from children, families and providers into the safety assessment.
- Children and Family Services Specialists does not need to cut and paste information from previous safety assessments. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced or increased in severity. Children and Family Services Specialists will determine whether new safety threats have emerged.
- Evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and changes require an adjustment to the safety plan.
- Children and Family Services Specialist need to evaluate the safety thresholds as if the children were residing in parental care without service intervention. For example, in home safety services have been implemented to ensure safety. Upon completion of an updated safety assessment, Children and Family Services Specialists concludes there no safety threats due to implemented services and supports wrapped around the family. Safety threat should still be present regardless of service implementation.
- Adjust the safety plans based upon the review and re-evaluation of safety assessment.
- Safety plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. If the Children and Family Services Specialists concludes there is no impending danger (child is safe), implementation of a safety plan is not necessary.
Children and Family Services Specialists will complete a protective capacity assessment for a family in which a child has been determined to be unsafe. It is expected that a PCA will be documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment.
- Conditions for return are generally developed for children who are expected to be placed outside of the parental home for longer than 30 days.

Reviewer's Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of Nebraska Safety Assessment

Category	CSA	Roetman	Fries	Nemets	Hubl	Ziems	Henderson	Erickson	Alavi
The Nebraska Safety Assessment Instrument was completed correctly and completely	13.0%	28.6%	33.3%	0.0%	0.0%	14.3%	0.0%	33.3%	0.0%
Documentation is on N-FOCUS	97.8%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%
Required Time Frames were met	21.7%	28.6%	0.0%	14.3%	25.0%	14.3%	40.0%	33.3%	14.3%
A reasonable level of effort was expended given the identified safety concerns.	15.2%	42.9%	33.3%	0.0%	0.0%	14.3%	0.0%	33.3%	0.0%
Safety of the child/youth was assured during the assessment process.	19.6%	57.1%	33.3%	0.0%	0.0%	28.6%	0.0%	16.7%	14.3%
Sufficient information was gathered for informed decision making	17.4%	42.9%	33.3%	0.0%	0.0%	14.3%	0.0%	33.3%	14.3%
Available written documentation was obtained from law enforcement and others as appropriate	na	na	na	na	na	na	na	na	na
ICWA information was documented	76.1%	85.7%	100.0%	28.6%	50.0%	85.7%	80.0%	83.3%	100.0%
Information was obtained about non-custodial parent, relatives, and other family support.	47.8%	28.6%	66.7%	42.9%	50.0%	57.1%	40.0%	33.3%	71.4%
An Immediate Protective Action was appropriately implemented to assure child safety.	na	na	na	na	na	na	na	na	na
A Safety Plan was appropriately completed and implemented to assure child safety.	11.8%	33.3%	0.0%	25.0%	0.0%	0.0%	20.0%	33.3%	0.0%
A Safety Assessment was documented in accordance with required practice.	13.0%	28.6%	33.3%	0.0%	0.0%	14.3%	0.0%	na	0.0%
A Protective Action was documented in accordance with required practice.	na	na	na	na	na	na	na	0.0%	na
A Safety Plan was documented in accordance with required practice.	5.9%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%
The family network and others were appropriately involved in the gathering of information.	33.3%	57.1%	66.7%	0.0%	0.0%	14.3%	0.0%	40.0%	71.4%
The family networks and others were appropriately involved in developing Safety Plans.	23.5%	50.0%	0.0%	0.0%	50.0%	16.7%	0.0%	33.3%	25.0%
Policy and procedures related to safety intervention were followed.	21.7%	28.6%	0.0%	14.3%	25.0%	14.3%	40.0%	0.0%	14.3%
Safety plan is sufficient to protect child from threats of severe harm.	5.9%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	na	0.0%
Efforts to coordinate with law enforcement were documented.	na	na	na	na	na	na	na	na	na
Interview protocols were followed or reason for deviation were documented.	na	na	na	na	na	na	na	na	na
The appropriate definition was used in making the case status determination.	na	na	na	na	na	na	na	na	na
The finding was correctly documented in N-FOCUS	na	na	na	na	na	na	na	na	na
Factual information supports the selected finding.	na	na	na	na	na	na	na	na	na
Proof of certified notice to the alleged perpetrator is located in the file.	na	na	na	na	na	na	na	na	na